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Filing (surcharge

(37 ČFR 1,16 (e))

with Initial

Filing

riing	required)	Examiner Name	1						
As the below named inventor, I hereby declare that:									
My residence, mailing address, and citizenship are as stated below next to my name.									
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
Ablation Instrument Having a Flexible Distal Portion									
<u>.</u>	: · · · · · · · · ·	the state of the s							
	(Title of the I	nvention)	-						
the specification of which									
is attached hereto			• •						
OR was filed on (MM/DD/YYYY) 01/03/2002 as United States Application Number or PCT International									
was med on (wiw/DD/1111) 31/00/2002 as United States Application Number of PC1 International									
	* .			<u></u>					
Application Number 10/039,	and was amend	ed on (MM/DD/YYYY)		(if applicable).					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									

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DECLARATION — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor								
Given Name Robert E. (first and middle [if any])	-	Family Nam						
Inventor's Signature State World	Date 13 MALD2							
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Residence: City	State	Cour	ntry	Citizenship				
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City	State	ZIP	· -	Country				
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor								
Given Name Hiep (first and middle [if any])		Family Name or Sumame	Nguyen					
Inventor's Manyeur Her				Date Mar 13,02				
Milpitas	CA	us		USA				
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Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

					<u> </u>				
Name of Additional Joint Inventor, if any:									
Dany Given Name			Berube Family Name or Surname						
Inventor's Signature	Date 13 - MARCH-2002								
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city Milpitas	CA State		95035 USA ZIP Coun						
Name of Additional Joint Inventor, if any:									
Given Family Name or Surname									
Inventor's Signature Date									
Residence: City	State		Country		Citizenship				
Mailing Address									
Mailing Address									
City	State	ZIP		Country					
Name of Additional Joint Inventor, if any:									
Given Name			Family Name or Surname						
Inventor's Signature Date									
Residence: City State			Country		Citizenship				
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Mailing Address									
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